MANUFACTURED HOME / OWNER RECORD INFORMATION REQUEST

Wisconsin Department of Commerce

NOTE: This form may be photocopied for future use.

This request must be completed before information about a Wisconsin manufactured home/owner record can be obtained. Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A – Requester Informatio	n						
Name – Firm or Corporation					(Area Code) Telephone Number		
Name – Person Completing This Form					(Area Code) Telephone Number		
Street Address		City			State	zip Code	
Mailing Address (If Different from Above)		City			State	Zip Code	
Section B – Request for Record I	nformation –	Complete if requesting	individual owner/home re	ecords only.			
I (we) request the following recor			est in the Comments are	ea below.			
Full Name of Person about whom rec	ords(s) are being	g requested					
2							
Manufactured Home Serial Number	Year	Make	Size	Body Width Body Length		Information Requested Current History	
1							
2							
3							
Comments – Please be specific when	describing you	u request, for example	e, a complete history, c	urrent owner o	nly, etc.		
x		(D				(5 : 0: 1)	
Fees: (Class Code-8200) \$3.00 per owner, or home, or DisID reco An additional fee of \$3.00 is required for Make check or money order payable to:	certification of o	documents.	e)			(Date Signed)	
NOTE: Incomplete or incorrect info	ormation provid	ded in section "B" ma	ay result in an addition	al \$3 fee per r	ecord.		
ail to: Department of Commerce ttach completed request and fee) Division of Safety and Buildings Manufactured Home Unit PO Box 1355							

Please attach a stamped, self-addressed envelope for return of the requested information.

Madison, WI 53701-1355

SBD-10752 (R.10/05)